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FACSIMILE TRANSMITTAL

August 17, 2004

from KRISTINA E. SWANSON

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To: Examiner Clifford H. Knoll, Art Unit 2112

Firm: Commissioner for Patents

Fax Number: 703-872-9306

Client Number: MIO 0076 PA/40509.145

Pages: 34
(including cover)Comments: OFFICIALOFFICIAL

Application of:

Serial No. : 09/903,161

Applicant(s) : George E. Pax

Filed : July 11, 2001

Title : IMPROVED ROUTABILITY FOR MEMORY
DEVICES

Art Unit : 2112

Confirmation No. : 3604

Examiner : Clifford H. Knoll

Docket No. : MIO 0076 PA/40509.145

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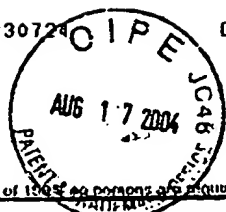
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**960.00**

Complete If Known

Application Number **09/903,161**
Filing Date **July 11, 2001**
First Named Inventor **George E. Pax**
Examiner Name **Clifford H. Knoll**
Art Unit **2112**
Attorney Docket No. **MIO 0076 PA/40509,145**

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METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit
Account
Number
Deposit
Account
Name

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee in the above identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 305	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 305	Reissue filing fee	
1005 160	2005 00	Provisional filing fee	
SUBTOTAL (1)			(\$) -0-

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
64	63	1 x 18	18
14	13	2 x 86	172
Multiple Dependence			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 200	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$) 190.00

*For number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 05	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 130	Non-English specification	
1012 2,520	2012 2,570	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 65	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 960	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,610	2451 1,610	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 400	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1400 130	1460 130	Payments to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(n))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	770
1602 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**770.00**

SUBMITTED BY

Name (Print Type) **Kristina E. Swanson** Registration No. **53,657** Telephone **(937) 449-6400**
Signature **[Signature]** Date **August 17, 2004**

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